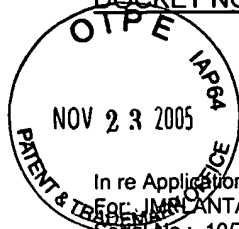


ITW

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****INFORMATION DISCLOSURE STATEMENT TRANSMITTAL**

In re Application of: Craig M. HOUSWORTH

For: IMMUTABLE MEDICAL DEVICE PROGRAMMER MODULE FOR USE WITH EXISTING CLINICAL INSTRUMENTATION

Serial No.: 10/775,402

Filed: February 10, 2004

**CERTIFICATE OF MAILING UNDER 37 CFR 1.8:** I hereby certify that this **INFORMATION DISCLOSURE STATEMENT** and the paper(s), as described herein, are being deposited in the U.S. Postal Service, as first class mail, addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 21 day of November, 2005.

Molly M. McClellan  
 Signature  
 MOLLY MCCLELLAN  
 Printed Name

**Mail Stop Amendment**  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- ☒ Information Disclosure Statement
- ☒ PTO FORM 1449
- ☒ Return Postcard
- ☒ 4 Copies of Foreign References

**FEE CALCULATION**

- ☒ \$ 00.00 Pursuant to 37 CFR §1.97(b) (before mailing of first Office Action)
- ☐ \$ 00.00 Pursuant to 37 CFR §1.97(c) with Certification (cited in foreign application not more than 3 months earlier)
- ☐ \$ 00.00 Pursuant to 37 CFR §1.97(e) with Certification
- ☐ \$180.00 Pursuant to 37 CFR §1.97(c) without Certification
- ☐ \$180.00 Pursuant to 37 CFR §1.97(d) with Certification

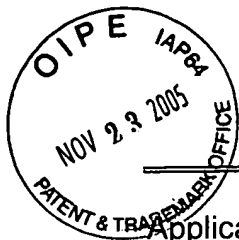
☐ Applicant hereby petitions for a \_\_\_\_\_ months' extension of time. If an additional extension of time is required, please consider this petition therefor.

☒ Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time.

☒ Please charge any additional fees or credits to Deposit Account No. 13-2546 which may have been overlooked with regard to this filing. A duplicate of this transmittal is enclosed.

11/21/05  
 Date

[Signature]  
 Daniel G. Chapik  
 Reg. No. 43,424  
 Telephone: (763) 514-3066  
 Customer No. 27581



PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Craig M. HOUSWORTH et al.

) Art Unit: 2181

Serial No.: 10/775,402

) Examiner: Unknown

Filed: February 10, 2004

) Docket: P-8939.04

Conf No: 8871

For: IMPLANTABLE MEDICAL DEVICE PROGRAMMER MODULE FOR USE WITH  
EXISTING CLINICAL INSTRUMENTATION

**INFORMATION DISCLOSURE STATEMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450


Dear Sir:

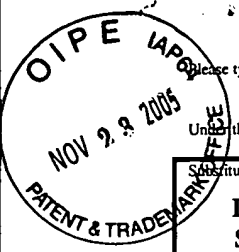
In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with C.F.R. §§ 1.97 *et. seq.*, the materials enclosed herewith are brought to the attention of the Examiner as possibly being of interest in connection with the above-identified patent application.

Consideration of each of the documents listed on the attached Form 1449 is respectfully requested. Pursuant to the provisions of M.P.E.P. §609, Applicant further requests that a copy of the Form 1449, marked as being considered and initialed by the Examiner, be returned with the next Official Communication.

Respectfully submitted,

Date: 11/21/05

By:   
Daniel G. Chapik  
Reg. No. 43,424  
Telephone: (763) 514-3066  
Customer No. 27581



Please type a plus sign (+) inside this box → ☐

PTO/SB/08A (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (use as many sheets as necessary)		<b>Complete if Known</b>	
		Application Number	10/778,402
		Filing Date	February 10, 2004
		First Named Inventor	Craig M. HOUSWORTH
		Group Art Unit	2181
Examiner Name	Not Known		
Attorney Docket Number	P-8939.04		
Sheet	1	of	1

U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite <sup>1</sup> No.	U.S. Patent Document		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number	Kind Code <sup>2</sup> (if known)			
	1	3991747		Stanly et al	11-16-1976	
	2	4142533		Brownlee et al	03-06-1979	
	3	4203448		Keller, Jr.	05-20-1980	
	4	4476868		Thompson	10-16-1984	
	5	5052388		Sivula et al	10-01-1991	
	6	5289824		Mills et al	03-01-1994	
	7	5304209		Adams et al	04-19-1994	
	8	5345362		Winkler	09-06-1994	
	9	5467773		Bergelson et al	11-21-1995	
	10	5487755		Snell et al	01-30-1996	
	11	5836995		McGraw et al	11-17-1998	
	12	5919141		Money et al	07-06-1999	
	13	6052624		Mann	04-18-2000	

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite <sup>1</sup> No.	Foreign Patent Document			Name of Patentee of Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Office <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)				
	14	PCT	9611722		AEL Ind Inc	04-25-1996		
	15	EP	0856333		ELA Medical S P A	08-05-1998		
	16	PCT	9842407		Medtronic Inc	10-01-1998		
	17	PCT	0027277		Gopinathan	05-18-2000		

OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite <sup>1</sup> No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>

Examiner Signature	Date Considered
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw Line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

<sup>1</sup> Unique citation designation number.

<sup>2</sup> See attached Kinds of U.S. Patent Documents.

<sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard St.3).

<sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document.

<sup>5</sup> Kind of document by the appropriate symbol as indicated on the document under WIPO Standard ST. 16 if possible.

<sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

<sup>1</sup> Unique citation designation number.

<sup>2</sup> Applicant is to place a check mark here if English language translation is attached.